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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION</b> (only for purposes of designation of the United States of America)	Attorney Docket Number		PRD2127US-PCT	
	First Named Inventor		Lars Karlsson	
	<i>COMPLETE IF KNOWN</i>			
	Application Number			
	Filing Date			
	Group Art Unit			
	Examiner Name			

☒ Declaration Submitted with Initial Filing      ☐ Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)      OR

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.  
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Analyzing Histamine H<sub>4</sub> Receptor-Mediated Effects In Whole Blood  
*(Title of the Invention)*

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 09/24/2004 as International Application Number PCT/US2004/031614.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

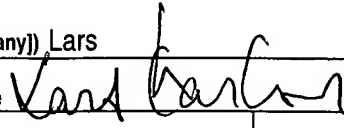
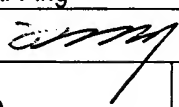
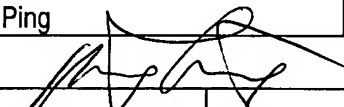
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

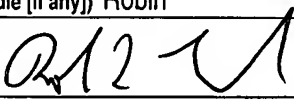
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

<b>DECLARATION - Utility or Design Patent Application</b>		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
<b>Application Number(s)</b> 60/506,434	<b>Filing Date (MM/DD/YYYY)</b> 09/26/2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
<b>Application Serial No.</b>	<b>Filing Date</b>	<b>Status</b>
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 0 10px;">000027777</span> → <b>AND</b>		
<input checked="" type="checkbox"/> Practitioner(s) named below: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Name</u>            Linda S. Evans         </div> <div style="width: 45%;"> <u>Registration Number</u>            33,873         </div> </div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to <b>Linda S. Evans</b> at telephone number <b>(858) 320-3406</b>		
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 0 10px;">000027777</span> OR <input type="checkbox"/> Correspondence address below		
Name: <b>Philip S. Johnson, Esq.</b>		
Address: <b>Johnson &amp; Johnson Patent Law Dept..</b>		
Address: <b>One Johnson &amp; Johnson Plaza</b>		
City: <b>New Brunswick</b>	State: <b>New Jersey</b>	ZIP <b>08933-7003</b>
Country <b>United States of America</b>	Telephone: <b>858-320-3406</b>	Fax: <b>858-784-3044</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Lars		Family Name or Surname Karlsson	
Inventor's Signature 		Date 3/17/06	
Residence: City San Diego	State CA	Country US	Citizenship Sweden
Mailing Address 336 Fern Glen			
City San Diego	State CA	ZIP 92037	Country US
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Wai-Ping		Family Name or Surname Leung	
Inventor's Signature 		Date 3/3/06	
Residence: City San Diego	State CA	Country US	Citizenship Canada
Mailing Address 12707 Brubaker Court			
City San Diego	State CA	ZIP 92130	Country US
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Ping		Family Name or Surname Ling	
Inventor's Signature 		Date 3/15/06	
Residence: City San Diego	State CA	Country US	Citizenship US
Mailing Address 10741 Calston Way			
City San Diego	State CA	ZIP 92126	Country US

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robin		Family Name or Surname Thurmond	
Inventor's Signature 		Date 3/3/2006	
Residence: City San Diego	State CA	Country US	Citizenship US
Mailing Address 1465 Guizot Street			
City San Diego	State CA	ZIP 92107	Country US

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NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country